



**PHYSICIAN ASSISTANT COMMITTEE
MEDICAL BOARD OF CALIFORNIA**

1424 Howe Avenue, Suite 35, Sacramento, CA 95825-3237
Telephone: (916) 561-8780 (800) 555-8038 FAX: (916) 263-2671
CALIFORNIA RELAY SERVICE BY TDD: 1-800-735-2929
E-mail: pacommittee@mbc.ca.gov
Web site: www.physicianassistant.ca.gov



REQUEST FOR DUPLICATE

WALL CERTIFICATE AND WALLET RECEIPT

To obtain a Duplicate Wallet Receipt and/or Duplicate Wall Certificate from the Physician Assistant Committee you must complete this form and return it with a \$10.00 PROCESSING FEE for EACH duplicate document requested to the address listed above. A total fee of \$20.00 should be submitted when requesting BOTH documents. Please mark appropriate box(es).

☐ Wall Certificate \$10.00

☐ Wallet Receipt \$10.00

☐ Both Wall and Wallet \$20.00

NAME (PRINT OR TYPE)	TELEPHONE NUMBER
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MAILING ADDRESS

NUMBER	STREET	CITY	STATE	ZIP + 4
CHANGE OF ADDRESS? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, YOUR RECORDS WILL BE CHANGED			DATE OF BIRTH	

APPROXIMATE DATE OF LOSS	LICENSE NUMBER PA
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PA LICENSE WAS

☐ LOST ☐ STOLEN ☐ DESTROYED ☐ NOT RECEIVED

☐ OTHER (PLEASE SPECIFY): _____

BRIEFLY DESCRIBE CIRCUMSTANCES OF LOSS

Attach a 2 x 2 passport quality photograph of your head and shoulders taken within 60 days of the date of this application in the space provided.

I declare under penalty or perjury under the laws of the State of California that the information given above is true and correct and that I am the person who was issued the original California license by the Physician Assistant Committee, a duplicate of which is requested here. I hereby certify that the attached photograph was taken within 60 days of the date of this application.

SIGNATURE

▶
DATE

ATTACH PHOTOGRAPH HERE

2 X 2

PASSPORT QUALITY